

FOCUS SAMPLE REVIEW CHECKLIST
RIGHTS RESTRICTIONS

Agency/Area Program:	Reviewer Name:
Focus sample individual name/#:	Review Date:

BASED ON OBSERVATIONS/INTERVIEWS -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM OBSERVATIONS/INTERVIEW S
INDIVIDUAL RIGHTS AND RESTRICTIONS (404 NAC 4-011, 5-003.02B,6-004.01)	

Individuals are aware of their rights and responsibilities.	
Individuals are informed of their rights and responsibilities in a manner that is easily understood.	
Supports are given to individuals in exercising their rights.	
Rights are not treated as privileges.	
The agency prohibits retaliation against individual's services and supports due to advocating rights and initiating complaints.	

FOCUS SAMPLE REVIEW CHECKLIST

RIGHTS RESTRICTIONS

BASED ON YES/NO/NA – NOTES FROM THE FOLLOWING IS PRESENT	OBSERVATIONS/INTERVIEWS -- OBSERVATIONS/INTERVIEWS
If the individual is receiving Supported Living and/or Supported Day , restriction of rights, person, or property is NOT allowed.	
<p>If the individual is receiving Provider Operated/Controlled Residential and/or Day Services, <i>restrictive measures</i>:</p> <ul style="list-style-type: none"> • Do not affect other individuals receiving services in that setting; • Are not used as: <ul style="list-style-type: none"> ○ Punishment; ○ Staff convenience; ○ Due to shortage of staff; ○ As a substitute for habilitation; ○ Or as an element of a positive behavior support plan; ○ Are least restrictive and intrusive possible; ○ Have a goal of reducing and eliminating the restrictive measure; <p>Are safe for the individual.</p>	

BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM FILE REVIEW
The agency gives information to individuals regarding their rights and responsibilities at entry to services and annually thereafter.	
The rights review committee reviewed and has documented approval of the rights restriction before it is implemented.	
The IPP team has reviewed and approved the restrictive measure before it is implemented.	
<p>If the individual is receiving Provider Operated/Controlled Residential and/or Day Services:</p> <ul style="list-style-type: none"> • There is documented evidence that other less restrictive methods had been regularly applied by trained staff and failed; • The individual or his/her legal representative gave consent to the restrictive measure; • The restrictive measure and considerations are documented in the IPP. 	